Bilateral Synchronous Leiomyomas of the Testicular Tunica Albuginea. A Case Report and Review of the Literature

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Genitourinary leiomyomas are uncommon but may arise from any structure or organ containing smooth muscle [1]. The kidney capsule is the most common location for genitourinary leiomyomas [2]. We report a case of bilateral synchronous leiomyomas of the testicular tunica albuginea.

Case report

A 62-year-old man presented to our hospital on September 16, 1992 with a painless nodule in the inferior pole of the left testis existing for more than 10 years. His past history was unremarkable except for benign prostatic hyperplasia one year earlier. Physical examination revealed a non-tender firm 3 × 3 cm mass in the left testis. An incidental finding at physical examination was a 1.5 × 1.5 cm rubbery-firm, non-tender nodule in the right testis. No inguinal lymphadenopathy could be palpated and chest X-ray was unremarkable. Blood and urine evaluations were normal, testicular tumour marker studies including lactate dehydrogenase, β-human chorionic gonadotropin and α-fetoprotein were all within normal limits.

Testicular ultrasound revealed a parenchymal mass of low echogenicity in both testes. The bilateral testicular masses were almost isodense with some low density area on computerized tomography (Fig. 1). Bilateral high inguinal orchiectomy was performed because of the diagnosis of bilateral testicular tumour. The gross specimen consisted of a well circumscribed, rubbery and ovoid mass 3 × 3 cm and 1.3 × 1.5 cm for the left and right sides, respectively. On section, the tumour was yellowish in colour and presented a whorloid area but was generally of rather homogeneous consistency (Fig. 2).

Microscopically, on haematoxylin and eosin stain, the tumour consisted of bundles of well-differentiated smooth muscle fibre tissue. The diagnosis was leiomyoma of the testicular tunica albuginea (Fig. 3). Convalescence was uneventful and the patient was discharged from the hospital one week postoperatively. Computerized tomography in May 1994 showed no evidence of recurrent lesion or retroperitoneal lymph node metastasis.
Fig. 1. Testicular computerized tomogram demonstrates isodense tumours in both testes

Fig. 2. Cross section of the testicular tumour showing whorled and lobulated surface